

*Citation for published version:*

Phoenix, C & Howe, A 2010, 'Working the When, Where, and Who of Social Context: The Case of a Traumatic Injury Narrative', *Qualitative Research in Psychology*, vol. 7, no. 2, pp. 140-155.  
<https://doi.org/10.1080/14780880802571176>

*DOI:*

[10.1080/14780880802571176](https://doi.org/10.1080/14780880802571176)

*Publication date:*

2010

*Document Version*

Publisher's PDF, also known as Version of record

[Link to publication](#)

This is an Accepted Manuscript of an article published by Taylor & Francis in *Qualitative Research in Psychology* on 26/05/10, available online: <http://www.tandfonline.com/10.1080/14780880802571176>

**University of Bath**

**Alternative formats**

If you require this document in an alternative format, please contact:  
[openaccess@bath.ac.uk](mailto:openaccess@bath.ac.uk)

**General rights**

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

**Take down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

The published version of this paper can be found at: Phoenix, C. & Howe, A. (2010). Working the when, where, and who of social context: The case of a traumatic injury narrative. *Qualitative Research in Psychology*, 7, 140-155.

Working the When, Where, and Who of Social  
Context:  
The Case of a Traumatic Injury Narrative

CASSANDRA PHOENIX AND ANDREA HOWE

School of Sport and Health Sciences, University of Exeter, UK

Correspondence: Dr. Cassandra Phoenix, University of Exeter, Qualitative Research Unit, School of Sport & Health Sciences, St. Luke's Campus, Exeter, Devon, EX1 2LU, UK. E-mail:

[h.c.phoenix@exeter.ac.uk](mailto:h.c.phoenix@exeter.ac.uk)

Within qualitative research it is widely recognised that context matters. Despite this, in recent years a number of authors have observed a lack of contextual awareness in qualitative analysis. The purpose of this article is to analyse categorically and holistically the process of meaning making in relation to context using data generated during a series of interviews with an individual who encountered a chronic back injury. Drawing upon the work of Holstein and Gubrium (2004), we focus on questions of when and where to illustrate the locally unarticulated contextual alternatives that can come into play at specific times and places. In addition, we raise questions pertaining to who as a means of further understanding the significance of others in relation to the participant's experiences. In doing so, we illuminate the ways in which different contexts can shape the meaning of injury. After discussing the inherent problems associated with studying the notion of context, we close by suggesting that examining the ways that context might operate throughout the process of meaning making can be a useful analytical tool for qualitative researchers working within the domain of psychology.

Keywords: context; injury; narrative

## Introduction

For qualitative research within psychology, context matters. Indeed, the need for an appreciation of context when doing various aspects of qualitative research has been noted by numerous scholars. For example, according to Clough and Nutbrown (2002), an understanding of context is important for shaping research questions, methodological frameworks, the nature of reports, and the ways in which those reports are interpreted. In relation to conversational analysis, Flick (2006) states that "if you want to analyze and understand statements, it is necessary to take into account the context in which they occur" (p. 319). Meanwhile, conscious of how context shapes the ways in which stories are told, heard, retold and so forth, Parker (2005) has listed context as one of the "five key ideas in narrative analysis" (p. 72). For him, accounts offered by individuals are always entrenched in context because they are situated "in certain kinds of social relationship and

set against a certain kind of cultural background” (p. 73). Finally, referring in particular to case studies, Stake (2005) proposes that an awareness of context may go a long way toward making the relationship between a case and its interaction with the social world understandable. Thus, within qualitative research it would seem that regardless of one’s chosen methods or forms of analysis, knowing the context of words and behaviours is crucial for better understanding meaning in people’s lives.

Context is a difficult concept to grapple with, although it is recognised as one that should be appreciated and explored within qualitative research in psychology. This is partly because context is never a settled matter, both in terms of its definition and how it can be studied (Silverman 1998). One reason is that context is ever-present, working as an invisible force operating behind the scenes. Indeed, Holstein and Gubrium (2004) argue that context is experienced entirely as an embodied and lived reality and is therefore extremely difficult to define where, when, or how its manifestations begin and end. Another reason why context can be a difficult concept to grapple with is that there can be ambiguities of meaning and subsequent confusion over what exactly should be studied. For example, while Stake (2005) points to historical, cultural, physical, social, economic, political, ethical, and aesthetic contexts as worthy of investigation when exploring individual lives, Holstein and Gubrium (2004) argue that “perhaps the vision of a static set of variables that surround persons, actions, or situations is not the most analytically astute ways of constructing context” (p. 299). For them, the multiple manifestations and varying influences of context suggest that it is a fluid, socially constructed collection of contingent factors that are “‘worked up’ – not just encountered – in the course of everyday interaction” (p. 299). Thus, there are differences among researchers regarding what needs to be considered when exploring the role of context.

Similar to the definitions and meanings of context, there are also many ways in which it can be studied. Broadly speaking, the points of analytical departure for studying context can typically be described as either top-down or bottom up. The former requires an understanding of the cultural and socio-historical circumstances that provide meaning to interactions. Meanwhile, the latter begins at the interactional level of social order to demonstrate how context is developed in the sequential environment of conversation. Holstein and Gubrium (2004) stress that neither approach is more important than the other or should be regarded in isolation. Rather, for these authors, each approach is reflexive and mutually constitutive but might also be supplemented by taking into account “contextual alternatives” in order to generate different understandings of the role that context has in shaping individual experiences. Elaborating on this point further, Holstein and Gubrium assert:

If we are to gain further analytic purchase on the role of context, we need to be constantly aware of the locally unarticulated contextual alternatives that come into play at other times and places. While how and what questions turn us to the communicative mechanisms by which particular forms of everyday life are accomplished, these do not necessarily direct us in specific ways to the contextual alternatives that, from the top down, might inform particular sites of social interaction.” (p. 304)

In addition to working from the top down and bottom up as a means of heightening our awareness and understanding of context, Holstein and Gubrium (2004) advocate asking questions in relation to when and where. For them, such collective questions might allow

researchers to broaden their knowledge of context by facilitating ways of working across social settings and rendering visible the ways in which alternative forms of meaning making can be accomplished.

The rationale for exploring context is a response to observations made by a number of authors concerning a lack of contextual awareness in the analysis of storytelling. For example, Atkinson (1997) suggests that too many narrative analyses lack a through going sense of social action and organisation whereby “narratives seem to float in a social vacuum. The voices echo in an otherwise empty world” (p. 339). Meanwhile, Holstein and Gubrium (2004) assert that despite context being crucial to any understanding of behaviour, it is not uniformly consulted or used in analysis. These authors argue that: “For a comprehensive understanding of the practical organization and meaning of social actions, one needs to methodologically and rigorously examine the myriad ways that context is actively incorporated into interpretive practice. Most importantly, one needs to examine how context is brought to bear on the experiences of everyday life – how it is made salient, pertinent and operational.” (p. 299)

More recently, these points were supported by Sparkes and Smith (2008), who proposed that a deeper awareness of the contextual dimensions of storytelling is needed in future narrative inquiry. The purpose of this article, therefore, is to explore context in the process of meaning making by analysing a case study of a traumatic injury narrative. It is not intended to offer an analysis of the meaning attributed to traumatic injury per se — this has been done elsewhere (see Allen-Collinson & Hockey 2001; Ong et al. 2004; Sparkes 1996, 1998; Sparkes & Smith 2002; Wainwright & Turner 2004). Rather, using empirical data in the form of a case study, what we aim to achieve here is a methodological illustration regarding how we might analyse data in such a way that takes into account the role of context across social settings and subsequently allows a consideration of how context is brought to bear on the experiences of everyday life; that is, how context can shape and frame the process of meaning-making when a traumatic injury is experienced. We do this not with the intention of advocating one way of exploring and analysing qualitative data over and above other forms but rather in full support of recent calls to exercise multiple forms of analysis on data sets to understand the complexities of the social world in different ways (Coffey & Atkinson 1996; Smith & Sparkes 2005; Sparkes 2005). Specifically, in this article we aspire to respond to such calls by providing a uniformed consultation of context throughout the analysis (an analytical approach which, as noted earlier has often been overlooked). Furthermore, in doing so, we conduct two different types of narrative analysis on the story. These are outlined in the following section.

## Analysing Context

Narrative analysis is now an established form of qualitative inquiry, and numerous authors have offered guidelines for and provided examples of conceptualising and analysing the internal organisation of stories (e.g., Cortazzi 1993; Herman & Vervaeck 2005; Kenyon & Randall 1997; Leiblich, Tuval-Mashiach & Zilber 1993; Riessman 1993, 2008; Phoenix, Smith & Sparkes 2010; Phoenix & Sparkes 2009). Leiblich, Tuval-Mashiach and Zilber (1998) make a distinction between three uses of narrative in psychosocial research. One is for investigative purposes when little is known about a particular topic. For

instance, developmental psychologists have used narratives to understand individual experience through time, especially in relation to significant life transitions. A second use is for research on stories themselves. Here the focus is on the formal aspects of stories as opposed to their content. As an example, this approach has been utilised within the domain of sport psychology by Sparkes and Partington (2003) to illustrate the narrative practises drawn upon by athletes when describing their experiences of flow. A third use of narrative is philosophical and methodological, whereby the inquiry centers on what narrativity can add to our knowledge and understanding of individual/group experience.

In addition to distinguishing among the three uses of narrative in psychosocial research, Lieblich et al. (1998) identify four strategies for analysing the internal organisations of life stories. These strategies originate from the intersection of two analytical dimensions: part of the story and the whole of the story. In light of this, the data presented here<sup>1</sup> were subjected to categorical-content analysis involving specific parts of the story such as particular categories of words, phrases, or self-other relationships. That is, the analysis concentrated on the whats of what is being told.

Given our purposes, this part of the analyses involved close attention to the role of context in the participant's injury narrative. We focused on specific parts of the story that illuminated the ways in which different contexts came into play and subsequently shaped the injury experience. For this, we followed Holstein and Gubrium (2004) view that locally unarticulated contextual alternatives can become salient at certain times, in certain places, and that such contextual alternatives might be further understood by examining questions of when and where. These authors describe when questions as those that encourage us to examine patterns or points in time at which distinctive contexts become important in particular settings. In addition, where questions are those which may direct us to explore the various ways that specific forms of everyday life, are organised into meaning-making activities. This might include for example, the places or locations where people gather together. In addition to when and where, we were interested in the people who gave meaning to and structured a certain contextual setting. Thus, further extending Holstein and Gubrium's suggestions, in this study we also asked questions of who in the analysis of our data. Who questions focus upon the people situated within a context at a particular moment in time. To further examine the role of context and how it might inform particular sites of interaction (i.e., the hows of what is being told), a holistic form analysis was employed to explore how the narratives were organised to achieve the participant's strategic aims. The goal was both a categorical content analysis and a holistic form analysis. For these authors, in this case it is to demonstrate how narrative material may be used to learn about variations in structure. This is important because the formal aspects of structure, as much as content, can express the identity, perceptions, and values of the storyteller (Lieblich et al. 1998). Analysing the structure of a story can reveal an individual's personal construction of his or her evolving life experience.

Our commitment to undertaking multiple forms of analysis with our narrative data follows that of Smith and Sparkes (2002) and is supported by Coffey and Atkinson (1996), who suggest that qualitative researchers should consider using a variety of analyses in order to understand their data in different ways. For them, analytical diversity is useful because it allows researchers to "use different analytical strategies in order to explore different facets of our data, explore different kinds of order in them, and construct different versions of the social world" (p. 14). In doing so, Coffey and Atkinson propose that the combination of analytical techniques reveals or indeed constructs the complexity of our

understanding. To that end, our work has been informed by the notion of narrative practice in general, and the “middle ground” approach in particular (Gubrium & Holstein 1998, 2000; Holstein & Gubrium 2000). Such an approach allows us to “alternatively focus on the whats and constitutive hows of social life, allowing us to shift our attention from the substantive or the contextual to the artful components of reality construction and back again (Gubrium & Holstein 1998, p. 417). In this sense, it enables us to maintain a focus on the interactional accomplishment of local realities with regards to the ways in which stories about experience are told, structured, and given meaning, while also allowing us to sustain an awareness of the contextual conditions that shape this accomplishment.

## The Participant

Lauren (a pseudonym) is a physical education student in her early twenties. Compared to the average member of the population, she is physically fit but not as fit as she would like to be. The major surgery, months of bed rest, and gradual rehabilitation encountered over the previous two years have been accompanied by feelings of frailty, frustration, and fear regarding her body and its capabilities. Today, Lauren looks healthy. The metal work has been removed from her spine, the round shouldered posture is markedly improved, and upon the advice of her doctor she is learning to “accept the usual aching” in her back. Born into a family in South Wales, Lauren has one younger sister, an elite football player, and an older brother who has continued the family tradition of farming. In his younger days, her father, who works the farm she grew up on, was a keen rugby player. Her mother is a farmer’s wife. For Lauren, growing up on a farm meant that she had a lot of freedom in terms of space to run and play. This, coupled with physical work on the farm during busy periods, her commitment to competitive athletics, and her ambition to follow her heroine Sally Gunnell (also a farmer’s daughter) and compete at the international level, have shaped her biography and sense of self as a strong-willed, independent, disciplined, and physically fit young woman.

Following her graduation with a BSc in Sport and Exercise Sciences, Lauren and three of her friends decided to seek employment for six months. The money they earned would finance a trip travelling around Australia for the subsequent six months before returning to the university to undertake a Postgraduate Certificate in Education (PGCE) in physical education. For Lauren, however, this would not happen. Ironically, the trip to Australia would also end her ambition, held since the age of 14, of competing in the Melbourne Commonwealth Games. Five months into the trip during a day out with her friends and brother, Lauren jumped off a 50-foot waterfall and suffered a traumatic and chronic injury to her thoracic vertebrae. While her friends completed their trip and returned to the United Kingdom to begin their university courses, Lauren remained in the spinal unit of an Australian hospital alone, and for much of the time, in agonising pain. A three and a half hour operation using bone from her hip and a number of large metal screws was subsequently undertaken in an attempt to rebuild her crushed vertebrae and restore the body that she previously had considered “unbreakable.” The financial cost of the long flight, coupled with the demands of the farm, meant that her parents were unable to visit Lauren during this time. Initially unable to walk and incapable of sitting for the duration of take off and landing, it would be four months following the accident before Lauren was granted permission to fly.

## Presenting the Data

Focusing upon questions relating to “when,” our analysis revealed that the time during which Lauren stood poised ready to jump off the top of the waterfall marked the “starting point” of her injury narrative. Signalling the salience of this moment, time is spent during her storytelling describing the appearance and structure of the falls, along with offering a number of explanations to the listener for why she decided to jump. Lauren said:

We [who] decided to go and see the falls which were about a ten-minute drive from the beach, my brother [who] told us about the falls. They were 50 foot, very scenic, very pretty, there wasn't any water falling down it, but there was just a little pond at the bottom. My brother [who] had jumped, had done this jump a few weeks earlier with his friends, and it was quite scary but you know, it's one of those things that loads of people [who] do. I had this bright idea that I was going to do it. So we [who] climbed to the top of the waterfall [where] and it was quite a long way down and I'm the sort of person that if I said that I was going to do something especially in terms of adventure then I never ever back down on my word. . . There was one of my friends [who] at the top of the waterfall with me [where], and then there were two friends [who] at the bottom [where], one of these [who] was in the water [where], and she was the one who was helping me to get out because like I said I am not the strongest of swimmers. Just in case anything did go wrong, she [who] was in the pool at the bottom [where] waiting for me. I felt more relaxed and knowing that somebody could help me out if I got into difficulty. The two friends [who] at the bottom [where] didn't want me to jump and called up 'I don't think you should do it'. . . When I was up there [when, where] I did have second thoughts as it was so far up but I thought 'no I've never not done something that I said I would'. But anyway me being me, I decided to do it. I jumped off, jumped off the top [where].

Focusing upon questions of “where,” the actual location of “the waterfall” (or “falls”) as the physical site of Lauren's accident represents the contextual backdrop for this specific part of her injury experience. However, in addition to the waterfall being a location where the event took place, closer interrogation of where highlights that a number of different spaces within this scene offer further complexities to Lauren's experience. For example, the site is split into the “top” and the “bottom” and is described and experienced not only as a place split in physical terms but also separated by opinion; to jump (top) or not to jump (bottom). Thus, the waterfall becomes a contested site, and this contestation is seemingly constructed and maintained through the positioning of different bodies in space.

This draws attention to the importance of questions concerning “who” when exploring social context. Questions concerning who highlight the relational nature of the self (Eakin 1999) and the centrality of others to the contextual setting of Lauren's self-narrative. For example, it was her brother who introduced Lauren and her friends to the falls, and the decision to jump seemed fuelled by the understanding that he and “loads of people” had done it previously. Also significant at this moment in time is the role of her three friends, each positioned in different spaces (top, bottom, in the water) to provide emotional support, physical assistance, and on occasions elicit sensory experience (e.g., feeling relaxed in the knowledge that people were there to help). However, in addition to concerning the other (brother, friends, etc.), we would suggest that questioning the who of social context might also shed light on who exactly the individual believes themselves to

be at that moment relative to others. Specifically, as shown in the comments above, in recounting the scene at the waterfall, Lauren regularly performs the identity of who she is (“me being me”), that is, someone who never backs down from a challenge. Describing what happened next, Lauren explained:

I landed in the water [where] awkwardly. There was enough water, it was deep enough but I landed in more of a bomb position, a tucked position instead of being in a long straight position. My lower spine took all of the impact. My lumbar spine stopped on the impact and my thoracic spine came crashing down so my thoracic vertebrae, my T12 was absolutely smashed, compressed. . . I came back up out of the water [where], and I couldn’t swim forward [where] due to the pain. I could only swim backwards flapping my arms in a circular movement, so I was starting to panic a little bit. My friend [who] was there [where], assisting me, helping to get me out of the water . . . When I first [when] came out of the pool [where], I felt anxious and as though I was fighting because I couldn’t breathe properly. As I got out of the pool [where] I felt slightly more relieved because I was out of the pool so I was in an environment where I felt a lot safer [where]. . . I just felt a bit winded at first and I thought ‘oh I’ll be fine in a minute’ [when]. I tried to sit down on a rock at the side of the pool [where] but I just had absolute extreme pain going right through my back [where], so I was unable to sit down. I thought maybe I had just winded myself or something because I was finding it difficult to breathe. My friend [who] started fussing over me and I’m that type of person, I don’t like fuss, it was making me worse. So the best thing for me was just to walk away from it all [where] because they [who] were all getting a bit stressed out. Basically looking at me I looked fine, but I just had a lot of pain within my chest and my back [where]. . . Within five or ten minutes [when] of just resting next to the pool [where], the pain had got a lot worse, and I felt more worried because I realised then within ten minutes [when] that I had done something serious. I thought something massive had happened so I was feeling quite worried about what I had done to myself, especially as the pain was literally getting worse by the minute [when] and I suppose my adrenaline levels were dropping. . . We decided to go to hospital [where] because even by the minute [when] the pain was getting worse. . . The last time [when] I walked was from the pool to the camper van [where].

From a holistic perspective, our analysis revealed that this moment was pivotal in terms of shifting the course of Lauren’s story onto a tragedy narrative. Here, the progressive achievement of life goals (including the “overseas experience” with her friends) is interrupted and dramatically reversed following the inception of the injury to her back. Furthermore, with respect to the categorical content analysis, a focus on when indicates that the moments immediately after Lauren jumped from the top of the falls represents an important time period in her injury narrative. Indeed, the time period encapsulating her entrance into and exit out of the plunge pool beneath the falls are described vividly during her account of the accident. Furthermore, what makes them especially poignant contextually is that this point in time seemingly symbolises her transition from being an able bodied, “gutsy” young woman to uncoordinated, panic stricken, and largely immobilised by intense pain. It is also an experience of embodiment change in that her body shifts to the forefront of her consciousness because of its unfamiliar dysfunctional



state (Leder 1990). Also notable here regarding questions of when is Lauren's frequent reference to clock time, for example, "within five or ten minutes" and "by the minute." Time, it seems, is recounted in relation to her feelings of pain and thereby drawn upon as a reference point to gauge the potential seriousness of the bodily sensations that she is experiencing.

In addition to Lauren's embodied experiences shifting into focus while working with the when of social context, this was also the case when focusing on questions of where. For example, as shown in the above comments, Lauren locates her pain in specific places within her body, namely her chest and back. Moreover, the comments indicate how her body acts as an embodied meeting point for time (when — in the pool) and space (where — chest, back) as a range of emotions are evoked within and through her body in response to her rapidly intensifying pain. Thus, closer examination to where within the general contextual backdrop of the waterfall reveals the multiple meaning that this location can elicit. That is feelings of panic (in the water), anxiety (exiting the water), relief (out of the water), stress (by the rock), and attempts at remaining calm (physically away from her friends). Finally, Lauren's movement through space from the pool to the campervan also holds pertinence when recounting her injury experience. Though unaware at the time, her movement between these places are also her final moments of (albeit limited) mobility. Our analysis indicated that the campervan, in its instantaneous contextual shift from a vehicle which Lauren and friends used to travel around Australia, to a makeshift ambulance that would transport her on a one-way journey to hospital, was a key place in the story that Lauren told about her injury. She explained:

We had saved up and hired a camper van to travel around in. I got into the campervan [where] but I couldn't sit down. The only thing I could do was lie down because of my back, because of the pain. My friend [who] drove me to the nearest hospital, which was probably about a twenty minute [when] drive away. We were going down a bumpy lane [where]; it was very uneven which wasn't very comfortable for me. My friend who was driving [who] was just trying to get me to the hospital [where] as quickly as she could [when]. The other friend [who] was sitting next to me [where] and trying to comfort me. I was in so much pain, I wouldn't say I was losing consciousness, but I was in and out. I was in that much pain that I didn't quite know what was going on. I was trying to blank out everything because I was in so much pain, so I was just concentrating on easing the pain and not thinking about the pain. My friend [who] then asked me questions to keep me concentrating, without losing consciousness. She was asking me questions such as name me seven Welsh [where] rugby clubs, or name me a rugby club starting with 'A' in Wales [where], name me a rugby club starting with 'B', you know. It just kept me focused so I wasn't thinking of the pain and that helped a lot. . . But the journey to the hospital was down very bumpy roads [where] and by the time I got there [when] the pain was just unbearable. . . it was absolutely excruciating. . . I think from the minute I got in the campervan to the minute I got out, which was probably twenty minutes [when, where], my feelings had changed dramatically because when I first got in [when] I thought 'oh I'll be alright', and then literally as the pain was getting worse [when] I felt myself worrying more. I wouldn't say I was worrying more about my body, it was more worrying about the people around me [who]; we were on our way to hospital [where] and of course we had things planned

for the afternoon [when], we were going to go and see a shark show [where] or something. I was worrying more about the fact that I was wasting my friend's [who] time [when]. I was worrying about that more than what I had actually done, but as the pain got worse it was kind of a real worry about what I had done, you know, the damage I had done because although the pain was coming from my back [where], a lot of it was within my chest [where]. I didn't really realise that I had done something to my lower back [where] because I had so much pain all around the middle of my body [where].

A holistic examination of the story illustrated the prominence of a decline narrative at this point in Lauren's story. The plot of the decline narrative indicates deterioration and regression over time and is seemingly reflected in Lauren's storytelling as she describes the deterioration in her condition (marked by the increase in pain) throughout the course of the journey. In addition, questions regarding the when of social context, which were asked as part of the categorical content analysis, encourage us to examine patterns or points in time at which distinctive contexts become important in particular settings. Following Lauren's painful emergence from the pool, the campervan — for the duration of a 20-minute journey — became a key site in Lauren's injury experience. Illustrating the significance of this journey, Lauren describes the dramatic change in her feelings between its start and end. Also notable in relation to the temporal dimension of when was the increased pace as her friend drives as quickly as possible along the bumpy lanes. When, therefore, marks the temporal aspect of Lauren's injury experience in terms of the sequence, duration, and pace of the contextual setting (i.e., campervan).

The bumpy lanes seem especially memorable for Lauren throughout her description of the journey. Thus, in further examining issues pertaining to the where of social context, besides the broader contextual backdrop of Australia or even the campervan, the bumpy lanes appear to be an important place for meaning-making activity. This is likely to be because they contribute to maintaining Lauren's (painful) body at the forefront of her awareness. Also notable in relation to where are the attempts of Lauren's friend to bring memories of home and country (i.e., Wales) into what was becoming an increasingly frightening, painful, and stressful situation. Through recalling names of Welsh rugby teams, notions of "home" — a place associated with safety and comfort was effectively brought inside the contained space of the campervan. Furthermore, reference to home is seemingly used to keep Lauren in that space, as opposed to drifting into the far away, inaccessible (to others) place of unconsciousness. Thus, whilst the social context is constructed around body in space (Lauren physically inside the campervan), it is also framed by a sense of space in body (memories of home being absorbed by Lauren). In relation to questions of who, acting as carer and driver, Laura's two friends add further meaning to the context of the campervan journey. Originally intended to be used for their Australian travels, the swift role change for not only the campervan, but also Lauren's friends appear to fuel her feelings of worry. The emotion of worry, therefore, becomes connected to what she has done/is doing to other bodies (e.g., wasting their time) as well as what she has done to her own. This worry was further exacerbated by the contextual experiences at the hospital, which are described by Lauren in the following extract:

Once I reached the hospital [where] one of my friends [who] ran in to get a nurse [who] and when they explained what had happened and what I had done, that I jumped off these falls, they immediately [when] got a stretcher

and stretched me out of the camper van [where] and straight into hospital [where]. I was rushed in and I was X-rayed straight away [when]. I was given painkillers like morphine, although I was still in a lot of pain, it kind of eased it slightly and then the thing I can remember was the nurses and doctors [who] running around me and basically saying “don’t move her” because I had a compression fracture and my vertebrae was a hair’s length away from my spinal cord [where] so if they had moved me or jerked me that vertebrae could have gone into my spinal cord and obviously I would have lost all movement in the lower half of body. I was in that hospital [where] only for a matter of a few hours [when] as it was a small Australian hospital and when they realised the extent of my injury, they then arranged for me to fly up to another hospital about an hour away [where] . . . they [who] needed to get me to the next hospital [where] as soon as possible [when].

Focusing on questions of when in the contextual setting of the hospital, the above comments suggest that time was experienced as fast paced. A sense of urgency is also maintained at this point. Actions are undertaken “immediately” or “straight away,” bodies run, and Lauren herself is rushed from the campervan, to X-ray, and then into an air ambulance to get her to a more suitable hospital as quickly as possible. Paying close analytical attention to notions of when also situates the meaning that Lauren attributes to her pain within the social context of Western medicine. Specifically, from the point in time when Lauren enters the hospital, her story becomes effectively medicalised through frequent punctuating with medical terminology such as “stretcher,” “X-ray,” “morphine,” “compression fracture,” and so forth.

As a contextual setting, the physical space of the hospital offers a multiplicity of where that helps structure and gives meaning to Lauren’s injury narrative. For example, her relatively rapid encounters with the hospital in general but also X-ray, a stretcher, the air ambulance appear to further contribute to the sense of uncertainty and urgency that frame this part of her storytelling. It also provides the impression of her body being “processed” through the differing spaces of the hospital. While questions of where draw attention to such details of body-in-space that are embedded within the hospital context, they also highlight Lauren’s experiences of embodiment. Indeed, the meaning of her injury becomes especially pertinent when Lauren learns where in her body it is, and in particular its proximity to her spinal cord. Paying analytical attention to contextual issues associated with who illustrated that becoming increasingly medicalised, the direction that Lauren’s story takes becomes predominantly controlled by others namely the medical staff. Specifically, upon realising the extent of her injuries, the staff arrange for an air ambulance to transport Lauren to a larger hospital elsewhere. Describing this time, Lauren said:

I was in that hospital [where] for two days [when] having different scans to make sure there was no internal bleeding . . . Those two days felt very long [when], I can really remember the pain. I can remember the evenings [when]. I just couldn’t sleep at all. I was so tired because I was having no sleep and the pain was excruciating, so that was probably the worst time [when]. . . I also felt a lot of guilt, I felt very, very guilty to what I might be putting everybody through [who] in terms of worrying and how silly I had been because I was so close to losing mobility in my legs. That went through my mind a lot, “what if,” especially for those few days [when]. . . During those days [when], I felt a range of emotions. I was worrying because I was in so much pain. I just

wanted anything to relieve this constant pain. I couldn't sleep at night [when] because I was in so much pain. I couldn't move either because my back was so unstable that if they [who] had moved my legs [where], I could have been paralysed. I couldn't move and that was very uncomfortable. Then I was just worrying about what I was putting my parents [who] through because obviously they were back at home [where] very concerned, what I had put my friends [who] through because I had cut my holiday short. I was in this hospital [where] by myself [who], I was so very lonely. I remember wishing that I was just back at home [where] with my friends and family [who]. Also, as I was in so much pain and I was on so much medication I wasn't a hundred percent aware of the environment [where]. I was on so much medication it knocked me out really trying to control the pain, so I was in and out of sleep all the time [where].

Our analysis showed that the next significant contextual setting in Lauren's traumatic injury narrative was the second hospital to which she was admitted. Observing issues associated with when in this social context indicated that during this two-day period, Lauren felt especially low. Central to this seemed to be her experiences of temporality. In contrast to the previous hospital, which was fast paced and framed by a sense of urgency, in hospital number two Lauren encountered time as long, static, and empty (Sparkes & Smith 2003). Furthermore, particular periods of time (e.g., evenings/night) seemed to be especially meaningful as these quiet, isolated, and painful hours allowed a barrage of emotions including worry, concern, guilt, anger, and loneliness to take hold. Attention to questions relating to where also shed further light on this issue.

The physical space that Lauren occupies in this part of her injury narrative, that is, the where of contextual setting, is hospital number two. However, closer examination of where illuminates that while physically in this space (i.e., hospital number two), Lauren's experiences are also shaped by her memories of existing in a type of "no man's land." Heavily dosed with drugs and shrouded by a pain-ridden spell of insomnia, she recalls drifting alone in and out of consciousness for much of her stay at the second hospital. Furthermore, what is notable from her memories of this "drifting" are her connections with home. Indeed, just as thoughts of home emerged during her anxious journey in the campervan, so they returned as she lay worried in the hospital.

Thoughts of home were intricately connected with thoughts of the people who were at home. Indeed, analysing exactly who was important to Lauren in this contextual setting signalled that her thoughts were centred upon her travel friends and family. That said, what appears to be most significant in the meaning that Lauren associated with this part of her injury experience is the absence of others, that is, the absence of who. As the comments above illustrate, hospital number two became a contextual backdrop for an all encompassing sense of loneliness, fear, and isolation for the two days that Lauren was there. Following the results of her scans, the doctors realised that full stabilisation of Lauren's spine was needed. Accordingly, arrangements were made once again for her to fly to a more specialised hospital. This time, it would be one of the main spinal units in Australia:

During the time in the spinal unit [when, where] I had two aunties and my uncle [who] that would come and see me every day [when]. I had all my aunties and uncles and cousins [who] around me as they happened to live in

that city so I was fortunate in the fact that they would come and visit me two or three times a day [when]. They were a major factor of strength for me and confidence . . . I was told that I had to have an operation, which I was really apprehensive about. It took about six days [when] from the day I had the accident to actually having the operation. . . I think it [the operation] was supposed to take only two and a half hours [when] but it took something like four hours<sup>2</sup> [when] . . . I didn't sleep very much at the hospital [where] until probably the third or fourth week [when], mainly because of the sheer pain. Although I was on the strongest dose of morphine I could have it was still very painful, and as I couldn't move I was still in a straight position [where]. They [who] would try and move me every few hours [when], I would have two porters [who] do what they call a 'log roll', to roll me over. There would be one porter at the bottom of my legs [where] and one at in the middle of the back [where] to roll me at the same time so that my spine [where] wouldn't twist. Every few hours throughout the day [when] somebody [who] would do that for me. . . When they came to log roll me [when], you know if they had slightly done it out of time [when], I was so scared about what would happen. A lot of how I was feeling at that time [when] was the 'what if' question. What if I had compressed the vertebrae slightly more and it had actually gone into my spine? What would I do for the rest of my life if I ended up in a wheel chair?

It is during the time that Lauren spends in hospital number three that she undergoes extensive surgery and rehabilitative physiotherapy. Holistically, her story becomes increasingly aligned with the stability narrative during this period. That is, with increasing amounts of time being spent resting to allow the healing process and the gradual establishment of routine (in terms of care and rehabilitation), the plot becomes steady and does not change over time. In addition, illuminating the salience that the when of social context can play in organising meaning making activities, the comments above show how she draws upon a number of specific timings in order to sequence and structure this section of her story. The categorical content analysis revealed that this strategy is also seemingly used to (re)construct the meanings of certain events. For example, she describes the actual duration of the operation (four hours) in relation to its expected duration (two and a half hours) possibly as a way of signalling the seriousness and complexity of her injury. Lauren also indicates the degree of pain that she was experiencing during this period by referring to the passage of time (i.e., three to four weeks) before she was able to sleep soundly. There are further references to temporality in Lauren's recounting of hospital number three — the length of time between accident and operation (six days), the frequency of interruptions from hospital staff needed to adjust the position of body (every few hours), and visits from her family (two or three times a day). Thus, points and patterns in time are established (e.g., treatment, sleep, or visits from family) at which hospital number three becomes a distinctive contextual setting for Lauren's injury narrative.

In relation to questions of where, regular visits from Lauren's family were enabled largely because of the hospital's location. This was seemingly a central issue regarding the everyday meaning of hospital number three and a direct contrast to her feelings of isolation and loneliness referred to while at previous medical sites. Furthermore, focusing on the hospital porters' questions of where illustrates how the contextual setting of space and place can be associated with particular forms of embodiment. For Lauren, hospital

number three is linked with memories of being in pain and (still) motionless. It is also associated with very specific memories of where other bodies were positioned during the frequent and terrifying “log rolls.” In linking questions of where with questions of who, it is during these moments that Lauren’s fragile body is placed metaphorically and literally in the hands of hospital number two. Also central to this part of her injury experience in relation to who is Lauren’s extended family. Indeed, the presence of certain people during this period draws attention to the contrasting emotions she experiences on a daily basis. Specifically, the feelings of comfort and companionship brought about by the presence of her extended family, along with apprehension and fear associated with trusting those who are barely known (i.e., hospital porters) with the handling and care of her body.

## Reflective Comments

In this article, we have drawn upon a case study of a traumatic injury narrative to illustrate the importance of context in shaping individual experiences. In support of Holstein and Gubrium (2004), our study illustrates how more traditional and widely used top-down and bottom-up approaches to understanding context can be supplemented within qualitative psychology by taking into account the meaning that contextual alternatives (i.e., when, where, and who) can have for shaping interaction. Being attentive to questions concerning when, where, and who in relation to Lauren’s account of her injury experience has enabled us to gain further analytic purchase on the role of context and the ways in which it comes into play at particular times, places, and in the absence or presence of particular people. We have shown that while these contextual alternatives may be developed through conversation (e.g., recall Lauren’s friend reminding her of a very poignant place, home in Wales, in the back of the campervan), they may also comprise locally unarticulated events (e.g., the physical positioning of particular bodies during the waterfall scene which elicited a variety of feelings such as reassurance, doubt, stress).

Keeping these (and previous) examples in mind, in addition to illustrating the important functioning of the case (i.e., Lauren) in relation to her interaction with contexts, the potential for this form of analysis to foreground connections between time (when) and body (who) in space (where) is, we feel, an effective contribution to our way of understanding individual experiences of everyday life. Therefore, it could be a useful analytical tool for qualitative researchers working within the domain of psychology. As an example, this is especially the case for those interested in gaining further purchase on concepts such as embodied space. According to Low (2003), embodied space refers to the location where human experience and consciousness takes on material and spatial form. She proposes that an awareness and appreciation of embodied space — be it in terms of spatial orientation, linguistic dimensions, or phenomenological understandings — has much to offer our understanding of the body, space, and culture. As shown throughout this article, when working across context, connections between time and body in space can often be observed. Thus, we would suggest that being attentive to contextual alternatives could be one way, but not the only way, for qualitative psychologists to further examine the notion of embodied space and the meaning it has in individual lives. Having outlined the contribution that we feel this approach to analysing data can offer, it is important to recognise some methodological issues that have arisen with its undertaking.

First, in our discussion of contextual settings, we recognise that the interview situation itself involves a reciprocal event between the participant and the interviewer where stories are told and identities are performed in a certain way. We are also mindful that Lauren’s

accounts are based on her autobiographical memory and include periods of time where she was heavily drugged. With regard to autobiographical memory, Eakin (1999) points out that it is socially and culturally constructed and its reporting is a form of sanctioned storytelling about past experiences. Thus, memory talk serves particular personal functions within the stories we tell ourselves and others to explain who we are, what we are, and where we are in life at a particular time and place. In this sense, there is a self-defining function to autobiographical memory in that it organises our knowledge about ourselves. As Roberts (2002) states, any notion of memory has to be situated “within the reshaping of the story as plots are developed or even replaced to meet the current position of the storyteller” (p. 139). Therefore, memories are not the “truth” or “simple facts” of the past. Like all autobiographical acts they are a partial, selective, and combine events and feelings that are not necessarily connected to one another within the life as it was actually lived at a particular moment in time.

Second, we would like to confess to the difficulty we sometimes experienced in selecting what counted as when and/or where. For example, when analysing a statement such as “when I jumped into the pool,” should questions of when lead to the temporality of physically jumping into the pool or the period of time that Lauren was in the water? Does when refer to clock time, duration, the location of the episode within the narrative trajectory alternatives (e.g., before driving to hospital), or all of these things? Similarly, how broadly should we consider responding to questions of where? When considering the influence of a contextual setting, is it Australia, the waterfall scene, or the top versus bottom of the waterfall that counts? Questions such as these are ongoing musings for ourselves at least. Indeed, here we reiterate that this article is intended to be illuminative rather than definitive. We do not have, nor wish to have final resolutions to issues such as those identified above. Instead, we hope they will be unpacked and debated further in future research that works with contextual.

Our third methodological issue also refers to something, which for us continues to remain unresolved: the inherent problems of the notion of context. As we alluded to at the beginning of this article, context is never a settled matter, both in terms of its definition and how it can be studied. The degree to which this problem, even when one has decided to restrict the focus of inquiry to where, when, and who, remains evident by the points we raise in the previous paragraph. Furthermore, in localising the narrated events and actions against the “contextual backdrop” of the scenarios offered by Lauren, how can we ensure an awareness and appreciation of the fluidity that context defines itself by? In other words, though our style of presenting this methodological quandary may seem rigorous and meticulous, it is notable that such a regimented, ‘objectified’ approach may only add to the difficulty of capturing context as the embodied lived reality that it becomes once viewed as part of everyday action and experience. Thus it could be argued that context is itself highly contextualized. As a consequence, its manifestations, scope, and ‘validity’ in being marked and analysed as a category can seem littered with irresolvable questions of beginning and end points. For instance, when exactly did the campervan cease to be considered a makeshift ambulance? Was it when Lauren herself (who) was lifted beyond its steel boundaries on the hospital stretcher? Could it have been as her friends drove it off the hospital grounds (where)? Or was this meaning only lost with the termination of the rental agreement (when)? In this one example alone we see the complex and shifting fluidity of context, and how it continually overflows into and is embedded within not only individual experience but also space and place. Our study certainly does not, nor does it aim to, provide final solutions to such thought provoking

dilemmas, for it is predicaments such as these that cultivates continued interest in and (re)examination of the role that context plays in everyday lives. That said, we hope that the “static” scenarios we have provided, while not intended to suggest that context itself is a static phenomenon, can be used as a heuristic device to illuminate the workings of context in narrative analysis. We feel that working across contextual settings through exploring the when, where, and who of storytelling can be a useful analytical method in qualitative research within psychology by providing another layer to understanding the complexity of meaning making.

#### Endnotes:

1 Andrea Howe conducted two interviews with the participant, each lasting approximately two hours.

2: “It was a lot longer than what it was supposed to be because they didn’t realise how fine my vertebrae was. I’m very finely boned but it wasn’t until they actually opened me up, they couldn’t believe how small my bones were around my spine, so it was a lot more fiddly than what they’d previously thought it would be. Obviously, because it was very close to the spinal cord there were a lot of safety procedures, and I had to have a hip graft where they took parts of my hip to try and re-build my vertebrae. Basically my one vertebrae was about half the size of what my other vertebrae’s were so they had to kind of open it up and put a load of the bone from my hip to try and rebuild my vertebrae back up to its kind of normal size. That’s when I had two titanium rods with screws, four screws, screwed to my T11 and my L1, the vertebrae above and below it, just to stabilise that vertebrae so that it wouldn’t move. I think the operation altogether was around four hours.”

#### References

Allen-Collinson, J & Hockey, J 2001, ‘Runners’ tales: autoethnography, injury and narrative’, *Auto/ Biography*, vol. 9, nos. 1–2, pp. 95–106.

Atkinson, PA 1997, ‘Narrative turn or blind alley?’ *Qualitative Health Research*, vol. 7, no. 3, pp. 325–44.

Clough, P & Nutbrown, C 2002, *A student’s guide to methodology*, Sage, London.

Coffey, AJ & Atkinson, PA 1996, *Making sense of qualitative data: complementary research strategies*, Sage, London.

Cortazzi, M 1993, *Narrative analysis*, Falmer Press, London.

Eakin, P 1999, *How our lives become stories: making selves*, Cornell University Press, London.

Flick, U 2006, *An introduction to qualitative research*, Sage, London.

Gubrium, J & Holstein, J 1998, ‘Standing our middle ground’, *Journal of Contemporary Ethnography*, vol. 27, no. 3, pp. 416–21.

Gubrium, J & Holstein, J 2000, ‘Analysing interpretive practice’, in N Denzin & Y Lincoln (eds.), *Handbook of qualitative research*, pp. 487–508, Sage, London.



Herman, L & Vervaeck, B 2005, *Handbook of narrative analysis*, University of Nebraska Press, Lincoln, NE.

Holstein, JA & Gubrium, JF 2000, *The self we live by*, Oxford University Press, New York.

Holstein, JA & Gubrium, JF 2004, 'Context: working it up, down and across', in C Seale, G Gobo, J Gubrium & D Silverman (eds.), *Qualitative research practice*, pp. 297–331, Sage, London.

Kenyon, GM & Randall, WL 1997, *Restoring our lives: personal growth through autobiographical reflection*, Praeger, Westport, CT.

Leder, D 1990, *The absent body*, University of Chicago Press, Chicago, IL.

Lieblich, A, Tuval-Mashiach, R & Zilber, T 1998, *Narrative research: reading, analysis, and interpretation*, Sage, London.

Low, SM 2003, 'Embodied space(s), anthropological theories of body, space, and culture', *Space and Culture*, vol. 6, no. 1, pp. 9–18.

Ong, BN, Hooper, H, Dunn, K & Croft, P 2004, 'Establishing self and meaning in low back pain narratives', *The Sociological Review*, vol. 52, no. 4, pp. 532–49.

Parker, I 2005, *Qualitative psychology, introducing radical research*, Open University Press, Buckinghamshire, UK.

Phoenix, C, Smith, B & Sparkes, AC 2010, 'Narrative analysis in aging studies: a typology for consideration', *Journal of Aging Studies*, vol. 24, pp. 1–11.

Phoenix, C & Sparkes, AC 2009, 'Being Fred: big stories, small stories and the accomplishment of a positive ageing identity', *Qualitative Research*, vol. 2, no. 9, pp. 83–99.

Reissman, CK 1993, *Narrative analysis*, Sage, London.

Reissman, CK 2008, *Narrative methods for the human sciences*, Sage, London.

Roberts, B 2002, *Biographical research*, Open University Press, Buckingham, UK.

Silverman, D 1998, *Harvey Sacks: conversation analysis and social science*, Oxford University Press, New York.

Smith, B & Sparkes, AC 2002, 'Men, sport, spinal cord injury and the construction of coherence: narrative practice in action', *Qualitative Research*, vol. 2, no. 2, pp. 143–71.

Smith, B & Sparkes, AC 2005, 'Analyzing talk in qualitative inquiry: exploring possibilities, problems, and tensions', *Quest*, vol. 57, pp. 213–42.

Sparkes, AC 1996, 'The fatal flaw: a narrative of the fragile body-self', *Qualitative Inquiry*, vol. 2, no. 4, pp. 463–94.

Sparkes, AC 1998, 'Athletic identity: an Achilles' heel to the survival of self', *Qualitative Health Research*, vol. 8, no. 5, pp. 644–64.

Sparkes, AC 2005, 'Narrative analysis: exploring the whats and hows of personal stories', in I Holloway (ed.), *Qualitative research in health care*, pp. 191–209, Open University Press, Buckingham, UK.

Sparkes, AC & Partington, S 2003, 'Narrative practice and its potential contribution to sport psychology: the example of flow', *The Sport Psychologist*, vol. 17, pp. 292–317.

Sparkes, AC & Smith, B 2002, 'Sport, spinal cord injury, embodied masculinities, and the dilemmas of narrative identity', *Men and Masculinities*, vol. 4, no. 3, pp. 258–85.

Sparkes, AC & Smith, B 2003, 'Men, sport, spinal cord injury and narrative time', *Qualitative Research*, vol. 3, no. 3, pp. 295–320.

Sparkes, AC & Smith, B 2008, 'Narrative constructionist inquiry', in JA Holstein & JF Gubrium (eds.), *Handbook of constructionist research*, pp. 295–314, The Guildford Press, London.

Stake, RE 2005, 'Qualitative case studies', in NK Denzin & YS Lincoln (eds.), *The sage handbook of qualitative research*, 3rd edn, pp. 443–66, Sage, London.

Wainwright, SP & Turner, BS 2004, 'Epiphanies of embodiment: injury, identity and the balletic body', *Qualitative Research*, vol. 4, no. 3, pp. 311–37.

#### About the Authors

Dr. Cassandra Phoenix is part of the Qualitative Research Unit within the School of Sport & Health Sciences at the University of Exeter. She is interested in developing narrative research methods and visual methods to understand lived experiences of the changing body — be it through aging and/or injury.

Andrea Howe holds a Master's degree in Sport & Health Sciences, and Postgraduate Certificate in Education from the University of Exeter. She currently teaches physical education at Sidmouth College.